

Inspector Name: Maclaren, Joe

**FORM
INSP**Rev
05/11**State of Colorado
Oil and Gas Conservation Commission**1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

DE ET OE ES

Inspection Date:

08/07/2014

Document Number:

674600738

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	257970	326565	Maclaren, Joe	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number: 95715

Name of Operator: BLACK HILLS EXPLORATION AND PRODUCTION INC

Address: 1515 WYNKOOP STE 500

City: DENVER State: CO Zip: 80202

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Donahue, Jessica	(720) 210-1333	jessica.donahue@blackhillsco rp.com	

Compliance Summary:QtrQtr: SWNE Sec: 34 Twp: 33N Range: 8W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/03/2007	200120577	PR	PR	SATISFACTOR Y			Yes
02/10/2006	200088345	PR	PR	SATISFACTOR Y		Pass	No
02/18/2004	200052839	PR	PR	SATISFACTOR Y		Pass	No
03/11/2003	200037954	PR	PR	SATISFACTOR Y		Pass	No
08/06/2002	200030907	PR	PR	SATISFACTOR Y		Pass	No

Inspector Comment:Last COGCC field inspection performed on 7/3/2007.**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
257970	WELL	PR	09/10/2001	GW	067-08318	JAQUES-UTE 34-7	PR	<input checked="" type="checkbox"/>
301654	WELL	PR	10/06/2010	GW	067-09706	Jaques Ute 34-14	PR	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>2</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>2</u>	Separators: <u>2</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
CONTAINERS	ACTION REQUIRED	NFPA label needed on lube oil drum	Install sign to comply with rule 210.	09/15/2014
TANK LABELS/PLACARDS	ACTION REQUIRED	No labeling observed at open top tank.	Install sign to comply with rule 210.	09/15/2014

Emergency Contact Number (S/A/V): ACTION

Corrective Date: 09/15/2014

Comment: No operator 24 hr emergency contact number on well signs.

Corrective Action: Add 24 hr emergency contact number to existing signage.

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER		Compressor skid containment and lube oil containment full of "orange" fluid. Picture Uploaded.	Remove excess fluid/ use proper disposal means.	

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	SATISFACTORY	Stock Panels around all equipment		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	1	SATISFACTORY	Hydraulic Power Unit		
Horizontal Heated Separator	2	SATISFACTORY			
Pump Jack	2	SATISFACTORY	(1) Linear rod pump. (1) Pump Jack		
Bird Protectors	2	SATISFACTORY			
Gas Meter Run	2	SATISFACTORY			
Flow Line	2	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	Gas Line Riser with Valve		
Prime Mover	2	SATISFACTORY	Gas Powered		
Deadman # & Marked		ACTION REQUIRED	Did not observe any rig anchors on well pad, marked or unmarked.	Provide confirmation all rig anchors have been removed from location or locate and mark all existing anchors.	09/15/2014

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Vertical Heated Separator	1	SATISFACTORY			
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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
	1		Open Top	37.061830,-107.701290

S/A/V:		Comment:	Apparent stormwater accumulation in tank berm area needs to be removed as soon as possible/ practical. Picture Uploaded.
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Corrective Action:		Corrective Date:	
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Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
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Comment	
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<u>Venting:</u>	
Yes/No	Comment
NO	

<u>Flaring:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 257970

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Stormwater:****Comment:** _____**Staking:****On Site Inspection (305):**Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:Summary of Operator Response to Landowner Issues:Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:**Facility**

Facility ID: 257970 Type: WELL API Number: 067-08318 Status: PR Insp. Status: PR

Facility ID: 301654 Type: WELL API Number: 067-09706 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

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Corrective Action: _____		Date: _____	
Reportable: _____	GPS: Lat _____	Long _____	
Proximity to Surface Water: _____		Depth to Ground Water: _____	
<u>Water Well:</u>			
DWR Receipt Num: _____	Owner Name: _____	GPS : _____	Lat _____ Long _____
<u>Field Parameters:</u>			
Sample Location: _____			
Emission Control Burner (ECB): _____			
Comment: _____			
Pilot: _____		Wildlife Protection Devices (fired vessels): _____	
Reclamation - Storm Water - Pit			
<u>Interim Reclamation:</u>			
Date Interim Reclamation Started: _____		Date Interim Reclamation Completed: _____	
Land Use: RANGELAND			
Comment: _____			
1003a.	Debris removed? <u>Pass</u> CM _____		
	CA _____	CA Date _____	
	Waste Material Onsite? <u>Pass</u> CM _____		
	CA _____	CA Date _____	
	Unused or unneeded equipment onsite? <u>Pass</u> CM _____		
	CA _____	CA Date _____	
	Pit, cellars, rat holes and other bores closed? _____ CM _____		
	CA _____	CA Date _____	
	Guy line anchors removed? _____ CM _____		
	CA _____	CA Date _____	
	Guy line anchors marked? <u>In</u> CM _____		
	CA _____	CA Date _____	
1003b.	Area no longer in use? _____		Production areas stabilized ? <u>Pass</u>
1003c.	Compacted areas have been cross ripped? _____		
1003d.	Drilling pit closed? <u>Pass</u>		Subsidence over on drill pit? <u>Pass</u>
	Cuttings management: _____		
1003e.	Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____		
	Production areas have been stabilized? <u>Pass</u>		Segregated soils have been replaced? _____
RESTORATION AND REVEGETATION			
<u>Cropland</u>			
	Top soil replaced _____	Recontoured _____	Perennial forage re-established _____
<u>Non-Cropland</u>			

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Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

Comment: Observed a fenced area/ disturbed soils on the east side of well pad (old tank or pit area?).

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Well Release on Active Location ☐ Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
				MHSP		Containment full of fluid, requires removal
Rip Rap	Pass					
Compaction	Pass	Compaction	Pass			

S/A/V: _____ Corrective Date: _____

Comment: Ditch on south side of well pad filling in with sediment from stormwater drainage taking place on the hill/slope above location. This ditch/ berm will need to be re-established in the near future to prevent storm water run-on to well pad. Picture attached.

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
674600743	Stormwater ditch filling in with sediment	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3405333
674600744	Lube oil containment full of fluid	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3405334
674600745	Fenced area/ disturbed soils on east side well pad	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3405335

674600746	Unlabeled tank and berm with standing fluid	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3405336